

DEC 21 2006

MORRISON | FOERSTER

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NAME:	FACSIMILE:	TELEPHONE:
MS Amendment Attn: Patsy Zimmerman, LIE	(571) 273-8300	

FROM: Barbara M. Hayashi

DATE:

December 21, 2006

Number of pages with cover page:	14	Our Reference 480052000900
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

## Comments:

Application No. 10/554,964

Attached: a) Transmittal Form, b) Fee Transmittal (original and duplicate), c) Preliminary Amendment – 9 pages, d) copy of return receipt for 13 pages filed on 11/29/06

Pursuant to our telephone conversation on December 21, 2006 regarding the Notice of Non-Compliant Amendment dated 12/18/06, attached please find another copy of the Preliminary Amendment as filed on 12/29/06, including 6 pages of claims. I have also attached a copy of the return receipt received from the USPTO confirming 13 pages filed on 11/29/06. A review of PAIRS also indicates the claims were previously received and scanned into the system.

\*\*\*\*\*

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PTO/SB/21 (09-04)

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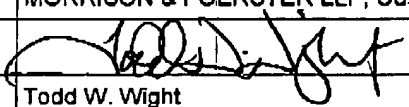
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/554,964
		Filing Date	October 31, 2005
		First Named Inventor	Jurgen DORN
		Art Unit	3738
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	12	Attorney Docket Number	480052000900

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

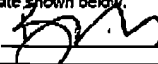
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224		
Signature			
Printed name	Todd W. Wight		
Date	November 29, 2006	Reg. No.	45,218

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 29, 2006

Signature:



(Barbara Hayashi)

oc-321265

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PTO/SB/17 (01-05)

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/554,964
		Filing Date	October 31, 2005
		First Named Inventor	Jurgen DORN
		Examiner Name	Not Yet Assigned
		Art Unit	3738
		Attorney Docket No.	480052000900
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	650.00	

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>																		
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																		
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)											
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)												
Utility	300	150	500	250	200	100												
Design	200	100	100	50	130	65												
Plant	200	100	300	150	160	80												
Reissue	300	150	500	250	600	300												
Provisional	200	100	0	0	0	0												
<b>2. EXCESS CLAIM FEES</b>																		
<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>											
Each claim over 20 (including Reissues)							50											
Each independent claim over 3 (including Reissues)							200											
Multiple dependent claims							360											
<table border="0"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>36</td> <td>- 23 = 13</td> <td>x 50.00 =</td> <td>650.00</td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	36	- 23 = 13	x 50.00 =	650.00	<table border="0"> <tr> <td><u>Multiple Dependent Claims</u></td> </tr> <tr> <td><u>Fee (\$)</u>      <u>Fee Paid (\$)</u></td> </tr> </table>		<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
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<u>Fee (\$)</u> <u>Fee Paid (\$)</u>																		
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<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
3	- 5 =	x																
HP = highest number of total claims paid for, if greater than 20.																		
HP = highest number of independent claims paid for, if greater than 3.																		
<b>3. APPLICATION SIZE FEE</b>																		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																		
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>													
		- 100 =	/50	(round up to a whole number) x	=													
<b>4. OTHER FEE(S)</b>																		
Non-English Specification, \$130 fee (no small entity discount)																		
Other (e.g., late filing surcharge): _____																		

<b>SUBMITTED BY</b>		Registration No.	45,218	Telephone	(949) 251-7189
Signature		(Attorney/Agent)		Date	November 29, 2006
Name (Print/Type)	Todd W. Wight				

oc-321266

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/554,964 Filing Date: October 31, 2005 First Named Inventor: Jurgen DORN Examiner Name: Not Yet Assigned Art Unit: 3738 Attorney Docket No.: 480052000900	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$): 650.00			


  

<b>METHOD OF PAYMENT (check all that apply)</b>			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account      Deposit Account Number: 03-1952      Deposit Account Name: Morrison & Foerster LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
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<b>Fee Description</b>							<b>Small Entity Fee (\$)</b>
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							180
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36	- 23 = 13	x 50.00 =	650.00				
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<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	45,218
Name (Print/Type)	Todd W. Wright	Telephone	(949) 251-7189
		Date	November 29, 2006

oc-321266

O:Auto-reply fax to 949 25 0900 COMPANY:

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Total Pages:

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Page

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11/29/2006 13:09 FAX 949 251 0900		MOFO 12th fl.		001	
<b>MORRISON   FOERSTER</b>		10016 CALIFORNIA BLVD. SUITE 200 CALIFORNIA, CA 94134 TELEPHONE: 415.779.1100 FACSIMILE: 415.779.1101 WWW.MFOP.COM		MORRISON & FOERSTER LLP 200 TOWN AND COUNTRY SUITE 2000, 2ND FLOOR SAN DIEGO, CALIFORNIA 92108 SAN DIEGO, CALIFORNIA 92108 TELEPHONE: 619.594.1100 FACSIMILE: 619.594.1101 WWW.MFOP.COM	
To:					
NAME:		FACSIMILE:		TELEPHONE:	
MS Amendment		(571) 273-8300			
FROM: Barbara M. Nayzhi		DATE: November 29, 2006			
Number of pages with cover page:		13		Our Reference 480052000900	
Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2					
Comments:					
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cc-310435					
PAGE 1/13 * RCVD AT 12/21/2006 5:25:34 PM [Eastern Standard Time] * SVR:USPTO-EFAXF-1/12 * DNIS:2738300 * CSID:949 251 0900 * DURATION (mm:ss):04:30					

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Dated: November 29, 2006

Signature:

(Barbara Hayashi)

Docket No.: 480052000900  
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Jurgen DORN

Application No.: 10/554,964

Filed: October 31, 2005

Art Unit: Not Yet Assigned

For: **STENT DELIVERY SYSTEM WITH  
RADIALLY STABILIZED CATHETER**

Examiner: Not Yet Assigned

**FIRST PRELIMINARY AMENDMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

Prior to examination on the merits, Applicant respectfully requests entry on this Preliminary Amendment for the above-captioned patent application.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

oc-311827